



**HYTHE HOUSE SUPPORT
EXPRESSION OF INTEREST TO BECOME A FOSTER CARER**

Name (first applicant)		Name (second applicant)	
Date of Birth		Date of Birth	
Ethnic Descent Languages spoken		Ethnic Descent Languages spoken	
<p>Address:</p> <p>How long have you lived at this address? [] years [] months</p> <p>Telephone (home)</p> <p>Telephone (mobile)</p> <p>Do you have a spare bedroom? Yes [] No [] How many?</p>			
Employer (first applicant)		Employer (second applicant)	
How long have you worked for this employer?		How long have you worked for this employer?	
Have you fostered before or are you currently fostering for another Authority or Independent Agency? If so please give details.			
Who else lives in your house?	Date of Birth	Gender	Adult? Your own Child? Adopted or Fostered Child? Please specify.
Full Name			
Do you have any other children who no longer live at home?	Date of Birth	Gender	
Full Name			

Do you have any pets? If so, please give details.	
Does anyone in your household smoke? If so, please give details.	
Do you drive? First applicant Yes <input type="checkbox"/> No <input type="checkbox"/> Second applicant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you own a car? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does anyone living in your household have a criminal conviction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details	
Do you have any experience of working with or caring for children other than your own, through work, volunteering or family connections?	
What as a family do you feel you can bring to the fostering role?	
How did you hear about Hythe House Support?	
Signed	Dated

Please continue on a separate sheet if you require more space.

Please return this form to Hythe House Support, 59 Staplehurst Road, Sittingbourne, Kent ME10 2NY

Thank you! We look forward to hearing from you.
If you have any queries about this form, please give us a call on 01795 438634